



J Sterling Morton High School  
Athletic Training Policies and  
Procedures  
&  
Emergency Action Plan

Updated August 2018

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## **Preface**

### **Statement of Purpose**

The following manual has been developed in order to provide a comprehensive informational resource for coaches, parents, student-athletes and athletic department administrative personnel. The purpose of this manual is to define and delineate the policy and procedures to be used in the day-to-day operations of the Athletic Training Department at J Sterling Morton High School. The source is intended to increase the awareness of the policies and procedures used by the J Sterling Morton High School Athletic Training Staff and to facilitate communication between the various members of the athletic department and the Athletic Training Staff in an effort to provide the most efficient health care to our student athletes.

The Athletic Training department at J Sterling Morton High School is an integral part of the athletic department and serves all participants of the J Sterling Morton High School interscholastic athletic program. The Athletic Training Staff works closely with athletes, coaches, parents and administrative personnel to coordinate and implement policies and procedures which allow for the effective delivery of the athletic health care.

### **Goal**

To provide the highest level of athletic health care and to return student-athletes to pre-injury/illness activity level as quickly and as safely as possible.

### **Vision**

The athletic training department at J Sterling Morton High School is dedicated to the comprehensive health care needs and the highest quality injury management for our student-athletes.

### **Mission**

J Sterling Morton High School's Athletic Training Department is committed to provide the highest quality sports medicine services to its student-athletes by providing injury prevention, care, rehabilitation services and student-athlete education. The sports medicine staff will encourage a philosophy of sport that places a high value on health and wellness. Student-athletes will be enabled to return to their sports as soon as it is medically safe. The sports medicine staff will work to reduce the risk of athletic injury for the student-athletes of J Sterling Morton High School.

## **Athletic Training Staff**

Anthony Cerda	Athletic Trainer	West Campus (All Year)
Deon Dobson	Athletic Trainer	East Campus (All Year)
Samantha Galicia	Athletic Trainer	West Campus (Fall/Spring) East Campus (Winter)
Kristina Manasses	Athletic Trainer	Freshman Center (Fall/Spring)

## **Athletic Training Room Policies**

### **Treatment**

The athletic training room opens at 3:10 PM during normal school days for treatment. Student-athletes who miss treatment will be reported to their coach. The athletic training room will not be an excuse to be late for practice.

On weekends, holidays, etc. it is the coaches' responsibility to notify the athletic training staff of practice times with at least 48 hours notice in order to accommodate treatments for the athletes and appropriate medical coverage of the practices.

### **Practice for Injured Athletes**

Athletes will be encouraged to attend practice after their treatment/rehabilitation. When possible, athletes will participate in modified activity during practice. Depending on practice times, student-athletes may not be permitted to rehabilitate/treat their injuries after practice due to athletic training room closure.

### **Physician Referral**

Athletes with orthopedic injuries needing evaluation by a physician will be referred to MacNeal Sports Medicine or Midwest Orthopedics at Rush. Athletes must return a note from their physician to the athletic training staff prior to any return to participation or

treatments/rehabilitation in the athletic training room. A MacNeal Sports Medicine physician makes weekly visits to the ATR to assess injuries for our student-athletes

### **Pre-Participation Physical Exams**

Student-athletes are required to have a pre-participation physical on file with the athletic department prior to participation. Physicals are offered by the athletic training staff and team physicians each August and January for \$15 in the Morton West athletic foyer.

### **Bracing**

All athletes who are taped are expected to participate in rehabilitation for that body part. If an athlete does not rehabilitate their injury they will not continue to be taped. Taping for prevention will not be administered. The athletic training staff does not have the time to tape every athlete for prevention, evaluate new injuries, administer treatments/rehabilitation, and get the athletes to practice on time. Athletes who feel they need support to prevent injury are encouraged to purchase a brace.

### **Concussion**

The J Sterling Morton concussion management protocol is located in this binder and can also be found at <http://il.8to18.com/morton> under resources.

### **Communication of Injured Athletes**

Student-athlete injuries will be communicated to coaches by e-mail, phone, or face-to-face conversation unless a different mode of communication is agreed upon between the athletic training staff and the coach. Initial participation status of athletes will be communicated by a written note given to the student-athlete to present to their coach. If there are any questions or concerns the coach should follow-up with the athletic training staff. Student-athlete confidentiality must be maintained. The athletic training staff will communicate appropriate student-athlete information on a “need to know” basis.

### **Athletic Training Room Rules**

- 1) The athletic training room is a medical facility, not a place to socialize. Anyone not present for a health-related issue will be asked to leave.
- 2) All student athletes must be in proper practice attire to begin treatment.
- 3) Shirts and shorts/pants must be worn at all times.

- 4) No cleats, bags, or sports equipment allowed in ATR.
- 5) Profanity or derogatory language will not be tolerated.
- 6) No food should be brought into or eaten in the ATR.
- 7) All student-athletes must sign in upon entering ATR in order to be seen.
- 8) Absolutely no picture-taking or video recording allowed in ATR.
- 9) No student-athletes are allowed to tape themselves/others or operate any equipment without being instructed to do so by ATC.

Failure to abide by these rules will result in removal from ATR, coach involvement, and possible meeting with athletic director.

### **Weather**

The athletic training staff is responsible for monitoring the weather and informing the appropriate coaches when practices need to be modified. The athletic administration will make the decision on athletic event modification due to the weather. An inclement weather plan is located on page 9.

### **Heat Illness**

Education, acclimatization, nutrition, weigh in/out, and unlimited water breaks are encouraged. The athletic training staff utilizes a heat index thermometer to assist in determining additional precautions that need to be taken in order to ensure safe practicing environments in extreme heat. In the event of a heat illness emergency, athlete will be evaluated and treated by athletic trainer and determined if condition necessitates activation of EMS based on signs and symptoms.

### **Emergency Communication:**

The Athletic Trainer (AT) always carries his/her cell phone to communicate with coaches, administration and security staff. Head coaches should carry cell phones at all time in case of emergency.

If EMS has been activated, the parent of the student-athlete will be notified immediately following activation and asked to meet student-athlete at the hospital. It is the school's policy that a coach must travel with a student-athlete if they are being taken to the hospital by ambulance. The Athletic Director must also be notified, following any activation of EMS.

## **J Sterling Morton Emergency Action Plan (EAP)**

### **Introduction**

Emergency situations may arise at any time during an athletic event. Timely action must be taken in order to provide the best possible care to a participant with an emergency/life-threatening condition. The development and implementation of an EAP will ensure that the best possible care is provided.

Athletic institutions and organizations have a duty to develop an emergency action plan that can be implemented immediately to provide necessary and appropriate standards of care to all athletic participants. As emergencies may arise at any time, athletics activities workers and the sports medicine staff must be prepared to handle such actions. This preparation includes creation of an EAP, proper coverage at all organization-related events, maintenance of proper emergency equipment and supplies, proper utilization of emergency personnel, and continuing education in emergency procedures, new governing laws, and planning.

### **Requirements before participation**

Before being allowed to participate in athletics, student-athletes must have the following:

- 1) Pre-participation Physical
  - a) Must be an IHSA physical form.
  - b) Must be signed by a physician to determine if individual is fit enough to participate in intended activities.
- 2) Health Insurance
  - a) Athletes should be covered by either parental or institutional health insurance to defray the costs of significant injury.
- 3) Acceptance of Risk

- a) Athletes must sign a waiver of informed consent (or parental signatures, if minors) indicating that they are aware of risks of sport.
- 4) Equipment
- a) Athletes must have all necessary equipment for their intended sport.
  - b) Athletes must be versed in safety standards for the equipment and proper placement of equipment.
  - c) Equipment cannot be modified in any way.
  - d) Athletes and coaches should know what equipment is legal and illegal during athletic competition.

No individuals will be allowed to practice or compete alongside an athletic team without the above items.

### **Components of Emergency Action Plan**

- 1) Emergency Personnel
- 2) Emergency Communication
- 3) Emergency Equipment
- 4) Roles of Coaches, Certified Athletic Trainers, and Administrators
- 5) Venue Directions with Maps

### **Emergency Personnel**

Chain of Command

- 1) Team Physician
- 2) Attending Physician
- 3) EMS Personnel (EMT/Paramedic)



- 4) Certified Athletic Trainer
- 5) Coach
- 6) Affiliate Administrator
- 7) Affiliate Security

The first responder to an emergency situation is typically a member from the sports medicine staff. The team physician may not be on-site for all practices or competitions. The type and degree of coverage during an athletic event may vary based on the activity, the setting, and the type of training. Thus, the first responder, in some cases, may be a coach. It is strongly recommended that all members of emergency personnel are certified in Cardiopulmonary Resuscitation (CPR), first aid, prevention of disease transmission, and EAP review.

\*All Morton HS Coaches are CPR/AED certified

### **Basic Emergency Team Roles**

An emergency plan cannot be complete without an emergency team. This team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, student athletic trainers, coaches, parents, and possibly other bystanders. The roles of the emergency team may vary depending on such factors as; the number of members available, the venue, or the preference of the athletic trainer. There are four basic roles for the emergency team:

- 1) Safety of Scene and Acute Injury Care
  - a) Acute care should be assessed by most qualified individual on-site.
  - b) Checking for life-threatening conditions
    - a. Unconsciousness
    - b. Difficulty breathing
    - c. Absence of breathing
    - d. Severe bleeding
- 2) Activation of Emergency Medical Services
  - a. EMS activation will be necessary at events where emergency transportation is not already present.



- **Do not** hang up until EMS ends call

When forming the emergency team, it is important to note that the team may have to adapt to specific sports or situations. Thus, it may be advantageous to have more than one individual assigned to each role. This will allow the emergency team to function, even if not every individual is present.

### **Individual Roles following EAP**

#### Certified Athletic Trainer

- a) Notifies or is notified by the Athletic Director
- b) Notifies team physician (if applicable)
- c) Notifies sports medicine staff
- d) Provides any insurance information

#### Coach

- a) Follow established EAP
- b) Notify Certified Athletic Trainer
- c) Instruct team and other coaching staff that they are not to discuss the incident with anyone else.
- d) Notifies athlete's emergency contact and arranges to meet the family upon arrival to the emergency department.
- e) Responsible for gathering all equipment involved in incident
- f) Assists Certified Athletic Trainer and Athletic Director with documentation by providing a timeline of events, witnesses, and signatures.

#### Athletic Director

- a) Notifies or is notified by Certified Athletic Trainer

- b) Notifies or is notified by head coach
- c) Notifies athlete's emergency contact and arranges to meet the family upon arrival to the emergency department.
- d) Notifies Superintendent (if applicable)
- e) Will update the team with injured athlete's condition (with permission of parents/family).
- f) Instruct coaches and teammates not to discuss incident with anyone.
- g) May make a statement to the media, if obtains written consent from injured athlete's family. It is the responsibility of the Morton High School Athletic Department to maintain privacy for a student and their family and to remain HIPAA compliant.
- h) Compiles documentation of event with assistance from coach, witnesses, and Certified Athletic Trainer.

### **Emergency Communication**

Communication can be key in quick emergency response. Athletic trainers and emergency personnel must work together to provide the best emergency response capability and should have contact information available prior to the start of an athletic event. Communication before an event is a good way to build a rapport and establish boundaries. The communication systems should be checked before an event to make sure that they are in working order. This involves making sure that numbers are still correct, land-lines are working, and other devices are fully charged. The following communication guidelines will be followed:

#### Practice/Small Events

- a) Cellular phones will be the primary use of communication for activating EAP and for communication between coaches, athletic trainers, security, and the athletic director.

#### Games/Large Events/Playoffs

- a) Cellular Phones will be the means of communication to activate EAP.
- b) Two-way radios (walkie talkies) will be the primary means of communication between the athletic director, athletic trainer, security, event staff, and maintenance departments.

- a. It is the responsibility of the individual receiving the radio to make sure that the volume is turned up, the device is set to the proper channel, and that the device is charged.

\*A list of all sports medicine staff and Emergency personnel contact information can be found on page # 16

### **Emergency Equipment**

All emergency equipment should be easily accessible and on-site. Equipment should only be operated by individuals trained to use it properly. Equipment should be in good operating condition and checked on a regular basis. Emergency equipment should be stored in a clean and environmentally-controlled area. The school's Certified Athletic Trainers are responsible for the care of emergency medical equipment.

### **Medical Emergency Transportation**

In event of an emergency or life-threatening injury, the EMS system (911) will be implemented. After an individual's phone conversation with EMS is ended, that individual must notify school security. School Security will then meet EMS and direct them to the emergency scene.

Emergency personnel should refrain from transporting unstable athletes in their personal vehicles.

In the event that the athlete's family is not present, someone will have to ride in the ambulance with the injured athlete. These individuals include: assistant coaches, head coach, certified athletic trainer, or school administrators.

\*If there is only one Certified Athletic Trainer on-site, then that individual will not be able to travel with EMS.

\* If only one coach is present, then that individual must travel with EMS and practice for that sport will be suspended.

\*No teammates will be allowed to travel with injured athletes.

## **Cervical Spine Injury Policies and Procedure**

### **Introduction**

A catastrophic cervical spine injury can be defined as “structural distortion of the cervical spinal column associated with actual or potential damage to the spinal cord.” Serious spinal cord injuries can potentially cause devastating sequelae such as permanent neurologic impairment and premature mortality. The spinal injury that carries the greatest risk of immediate sudden death for the athlete occurs when the damage is both severe enough and at a high enough level in the spinal column (above C5) to affect the spinal cord’s ability to transmit respiratory or circulatory control from the brain. The estimated incidence of cervical spine injuries with spinal cord damage in the United States is 11,000 cases each year. Athletics is the fourth most common cause of cervical spine injuries; it is the second most common in people younger than 30 years. Cervical spine injuries are likely to occur in high-contact sports such as football as well as in sports which falling from a high elevation is possible, such as gymnastics, swimming and diving, track and field, and cheerleading.

### **Recognition of Cervical Spine Injury**

Catastrophic cervical spine injury should be suspected when an axial loading mechanism is witnessed. During the initial assessment, the presence of any of the following findings, alone or in combination, heightens the suspicion for a potentially catastrophic cervical spine injury and requires the initiation of the spine injury management protocol: unconsciousness or altered level of consciousness, bilateral neurological findings or complaints in upper or lower extremities, significant mid-line spine pain with or without palpation, and obvious spinal column deformity.

### **Management of Cervical Spine Injury**

When a potential spine injury is suspected and concern for cervical spinal injury is present, activate EMS. Rescuers should then ensure that the cervical spine is in neutral position and should immediately apply manual cervical spine stabilization. If the spine is not in neutral position, rescuers should realign the cervical spine to minimize secondary injury to the spinal cord and to allow for optimal airway management. However, the presence or development of any of the following, alone or in combination, represents a contraindication for moving the cervical spine to neutral position: the movement causes increased pain, neurological symptoms, muscle spasm, or airway compromise; it is physically difficult to re-position the spine; resistance is encountered during the attempt to realignment; or the patient expresses apprehension. If applicable, a facemask should be removed within one minute once decision to immobilize and transport has been made, regardless of respiratory status.

Removal of shoulder pads should occur *prior to* being transported to an emergency medical facility. The helmet should never be removed for a spinal injury, unless there are extreme

circumstances. If needed, the jaw-thrust maneuver should be used to open the airway. The front of the shoulder pads can be opened to allow access for CPR and defibrillation. The rescuer controlling c-spine stabilization will be in command of transfer to spine board. Control of c-spine will not be transferred between healthcare providers unless the current stabilizer is fatigued or unable to maintain alignment. Manual stabilization of the head should be converted to immobilization using a combination of external devices (cervical collars, foam blocks) once EMS has arrived.

## **Emergency Action Plan – Lightning/Inclement Weather (West Campus)**

### **Chain of Command**

In the event of inclement weather, the referees, Athletic Director, or Certified Athletic Trainer have the authority to delay or postpone an activity. The Athletic Director and Certified Athletic Trainer have the right to remove participants from athletic venues when weather may be a threat to athlete or spectator safety.

### **Detecting Lightning**

If inclement weather is expected or sighted in the area, the Certified Athletic Trainer will use smart phone weather applications with online updates and/or handheld lightning detectors to monitor for lightning activity. The flash-to-bang method is no longer considered a reliable tool in lightning detection. If lightning is seen or thunder is heard, the contest must be suspended for a minimum of 30 minutes.

**1) Weather Applications:** There are a number of available weather apps that will send mobile updates to an individual's smart phone. These include but are not limited to: Accuweather, Weatherbug, Weather Channel, Weather Underground, etc.

**2) Hand-Held Lightning Detectors:** Battery operated devices that detect electromagnetic pulse emitted by lightning strikes. These devices can detect lightning in the area, but not determine the location or direction of the storm. These devices are best used in conjunction with a radar system.

### **Safe Shelters West Campus**

In the event of inclement weather, in which an activity is delayed or postponed, all individuals outdoors are required to seek shelter as quickly as possible. Safe shelters will be defined as buildings that are fully enclosed and include: the Stadium (Cow Palace), the High School Athletics Foyer (West side of Campus), or personal vehicles that have windows up and are fully enclosed. **Unsafe** shelter areas include: on field, on court, in dugouts, on/under metal bleachers, in golf cart, near an open garage, or under trees/light poles. Below are the closest shelters in relation to venues:

- |  |                                |   |
|--|--------------------------------|---|
| -Tennis Courts- Athletics Foyer              | -F/S Baseball- Athletics Foyer | - |
| Varsity Baseball- Stadium                    | -F Soccer- Athletics Foyer     | - |
| Varsity FB/Soccer-Stadium                    | -S Soccer- Stadium             |   |
| -F/S FB Athletics Foyer                      | -Rugby-Athletics Foyer/Stadium | - |
| Track/Cross Country- Stadium/Athletics Foyer |                                |   |

**Safe Shelters East Campus**

In the event of inclement weather, in which an activity is delayed or postponed, all individuals outdoors are required to seek shelter as quickly as possible. Safe shelters include the East athletic foyer and the Fieldhouse which can be accessed through door A-5.

**Safe Shelters Freshman Center**

In the event of inclement weather, in which an activity is delayed or postponed, all individuals outdoors are required to seek shelter as quickly as possible. Safe shelters include the Main gym on the North side of campus near the outdoor field.

**Lightning Strikes**

Only 6-10% of lightning related deaths occur from direct lightning strikes or contact voltage in which lightning strikes an object that someone is touching. 50-55% of deaths are attributed to ground current in which lightning strikes the ground near where an individual is standing and 30-35% of deaths are caused by side flash, in which energy from lightning jumps from an object to a person near an open area (dugout, garage, door, etc). In the event of inclement weather, all individuals heading to the athletics foyer can remain in the foyer, the school halls, and the field house, but doors must remain closed. All individuals heading to the stadium must move further into the stadium (weight room) or in the hallways, but must not remain in the garage area.

**Activity Suspension and Resumption**



According to the IHSA, anytime a cloud-to-ground strike of lightning can be seen or thunder is heard, risk is present, and a contest should be suspended. At this point the 30 minute rule of resumption takes effect. The NSSL (National Severe Storms Laboratory) recommends that all individuals wait 30 minutes after the last lightning sighting or sound of thunder before resuming activities.

## **Emergency Action Plan-Heat Illness**

The prevention, recognition, and management of exertional heat illness are extremely important in the sports medicine setting. These illnesses are more prevalent during outdoor activities in excessive heat, but can also occur in “regular/normal” conditions.

**Exercise-Associated Muscle Cramps:** Sudden and progressively worsening involuntary muscle contractions. These can become painful during or after exercise. The cause is not fully understood, however contributing factors may include: dehydration, electrolyte imbalance, fatigue, or reduced neuromuscular control.

**Heat Syncope:** Also known as orthostatic dizziness, occurs when sudden changes in posture occur in heated environments. This is usually attributed to dehydration, venous blood-pooling, or low blood pressure. Typically, this subsides after ~1 week, after the body starts becoming more acclimated to the demands.

**Heat Exhaustion:** Heat exhaustion is the inability to exercise or perform in the heat. This condition is dictated with a higher body temperature, and includes increased blood flow to the skin, dehydration, and heavy sweating. Most occurrences involve individuals with a BMI >27. This can lead to damage of the organs or central nervous system.

**Heat Stroke:** The most severe heat illness that occurs when the thermoregulatory system becomes overwhelmed. This illness is characterized by a body temperature greater than 104 and neurological dysfunction. Signs include central nervous dysfunction (syncope, confusion, aggressiveness) and lack of sweating. This is deemed a medical emergency and can be fatal as organ failure begins to occur. The risk of morbidity increases for as long as the body temperature remains high.

### **NATA Recommendations at Preventing Heat Illnesses**

- 1) Athletes must have physicals prior to season to identify those with risk factors.
- 2) Athletes should be acclimated to heat gradually over 7-14 days.

- 3) Athletes with viral illnesses/skin pathologies should not participate in extreme heat conditions.
- 4) Athletes must have proper hydration breaks and have water available at all times to be able to replenish water lost through sweat.
- 5) Access to cold tubs or cold towels.
- 6) Coaches should be educated on signs and symptoms of heat illness.
- 7) Athletes should sleep a minimum of 7 hours per night.
- 8) Athletes should be educated on checking color of urine to determine hydration levels.



## **J Sterling Morton High School**

# **Concussion Management Protocol**

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**ATHLETICO**  
**PHYSICAL THERAPY**  
***Better for every body.***

*Approved by*

*Dr. Aaron Lee, D.O.*

*Director of Sports Medicine Fellowship*

*MacNeal Hospital*

*Team Physician*

*J. Sterling Morton High School*

*Updated August 2018*

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## Introduction

The purpose of this protocol is to clearly address the issue of concussion recognition and management here at J Sterling Morton High School. It shall discuss the definition of a concussion, the signs and symptoms of a concussion, how the MHS Athletic Training staff will evaluate concussions, concussion

treatment, indications for physician referral, and return to play procedures. This protocol is derived from the most recent evidence-based medical practice as well as from the consensus and position statements from various professional medical associations. Furthermore, this protocol was produced in consultation with a concussion specialist. It is also approved by our team physician as a standing medical order.

## Definition of a Concussion

A concussion is a complex injury process affecting the brain which is caused by a direct or indirect traumatic force on the head and/or neck. This injury process typically results in the rapid onset of short-lived impairment of neurological function. However, these impairments are generally functional disturbances and not a structural injury as the impairments are caused by metabolic changes in the brain. These impairments result in a gradually improving set of clinical symptoms which are reported by the patient and observed by others.<sup>1</sup>

## Signs and Symptoms of Concussion

Recognition of the signs and symptoms of concussion is the crux of its diagnosis and management. A symptom is something that is reported by the patient; whereas a sign is something observed by coaches, parents, or medical staff. The signs and symptoms of concussion vary from person to person and incident to incident. A concussion should be suspected if **any one or more**, though not limited to, the following in conjunction with some sort of traumatic force to the head or neck<sup>1,2</sup>:

Symptoms Reported by Athlete	Signs Observed by Others
<ul style="list-style-type: none"> <li>• Headache</li> <li>• Nausea or vomiting</li> <li>• Dizziness</li> <li>• Blurred, double, or abnormal vision</li> <li>• Sensitivity to light and/or noise</li> <li>• Fatigue</li> <li>• Feeling “foggy” or “out of it”</li> <li>• Change in sleeping pattern</li> <li>• Difficulty concentrating</li> <li>• Amnesia</li> <li>• Confusion</li> <li>• Tinnitus (ringing in ears)</li> </ul>	<ul style="list-style-type: none"> <li>• Person appears dazed or stunned</li> <li>• Disorientation to place and/or time</li> <li>• Unable to recall events before injury</li> <li>• Unable to recall events after injury</li> <li>• Loss of consciousness</li> <li>• Seizure activity</li> <li>• Unusual changes in personality or mood</li> <li>• Nystagmus (abnormal eye tracking)</li> <li>• Balance problems</li> </ul>

It should be stressed that one need not lose consciousness in order to incur a concussion; rather, loss of consciousness occurs in only about 10% of cases.<sup>2</sup> A direct blow to the head is also not necessary in order to sustain a concussion. The brain only needs to move within the cranium and collide with the walls of the skull. Therefore, an indirect force to the head like coming to a sudden stop by colliding with another person or object can cause the brain to move and cause a concussion.

An IHSA Sports Medicine Acknowledgment and Consent form with concussion information including signs, symptoms, and treatment of a concussion is dispensed to each student-athlete in the J Sterling Morton High School Athletic Eligibility packet prior to the start of the athletic season.

## **Evaluation of Concussion**

The evaluation of a concussion shall begin as soon as the medical staff makes contact with the athlete, whether that is on the field or on the sideline. A detailed history shall first be taken in order to determine mechanism of injury, orientation, memory integrity, and a obtain a symptom inventory. A medical examination will also be conducted so as to gather vital signs and neurological baselines. Once immediate life threats are ruled out and a concussion is suspected by virtue of findings listed in the “Signs and Symptoms of Concussion” section of this protocol, the staff shall utilize the Sport Concussion Assessment (SCAT5) assessment tool, created by Athletico Physical Therapy, (located in Appendix C) to document findings of the initial evaluation.<sup>1</sup>

If the medical staff is not available to complete an evaluation of the athlete, the coaching staff should remove the athlete from competition. They should then contact the MHS Athletic Training staff immediately to determine further care. As the situation dictates, the medical staff will take a history over the phone and provide the appropriate recommendations. Unless the staff directs that the athlete be taken to the hospital, the athlete shall report to the Athletic Training office upon their return to campus for a more thorough medical evaluation. Any athlete suspected of a concussion can not return to play until cleared by Athletic Trainer or Physician.

## **Baseline Testing**

The medical staff uses baseline testing for athletes through the program, SportsBrain. Baseline testing is used to assess an athlete’s balance and brain function prior to the start of a sport season. Results can then be used to compare to new testing after suspected concussion.

## **Concussion Management and Treatment**

### **Immediate Field Management**

Any athlete suspected of suffering a concussion will be removed from the game or practice immediately. A student-athlete who has been removed from interscholastic competition or practice for a possible concussion or head injury *cannot* be returned to competition or practice that day unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.

They shall continue to be monitored by the medical staff through the rest of the practice or event. IHSA Policy requires student-athletes who have not been cleared to return to that contest, that student-athlete *cannot* return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.<sup>3</sup>

The student-athlete’s family will be notified of the situation and indications for referral to a physician or emergency department will be discussed at this time. Refer to the “Indications for Physician Referral”

section of this protocol for an explanation of these indicators. If after 24 hours of a suspected concussion the athlete is re-evaluated and no signs or symptoms are prevalent, no physician referral is necessary and the athlete may return to normal play based upon medical clearance given by the certified athletic trainer.

Concussions with a loss of consciousness greater than one minute shall be treated as a medical emergency. A high index of suspicion shall be upheld in these patients. Upon arrival to the patient's side, the cervical spine should be immobilized, assure airway patency, address any immediate life threats, and EMS should be activated per the MHS Emergency Action Plan. These patients shall be transported to the hospital via ambulance in order to receive further medical care and evaluation<sup>4</sup>. The order of adults that shall accompany the athlete to the hospital is also indicated in the MHS EAP.

### **Concussion Treatment**

At this time, there is no pharmacological or therapeutic modality that exists to treat concussions. The only treatment available is to get plenty of sleep, keep hydrated, and to maintain a healthy, balanced diet. It should be stressed that the patient should not take any pain medication like acetaminophen (Tylenol) or ibuprofen (Advil, Motrin, etc) without consulting a physician. These medications can mask symptoms of a more serious head injury in the first 24-48 hours. Additionally, they may make other post-concussion symptoms seem to disappear before they are legitimately resolved.<sup>1,2</sup>

The MHS Athletic Training staff encourages families to consider keeping their child home for at least one school day in order to promote mental rest. While it may put them behind in the short-term, returning to an academic environment too soon can be detrimental in the long-term. The student's brain may not be able to operate at its highest capacity in terms of processing speed, memory formation, and memory recall. Additionally, the cognitive load can potentially slow recovery. A simple analogy to consider is thinking on a concussion is like trying to run on a freshly sprained ankle.

In the past, individuals were instructed to awaken someone with a concussion every 2 hours through the night. This practice has gone by the wayside as it has been determined to be generally unnecessary and disrupts the sleep that is so important to recovery. The patient should be awakened at certain intervals during the night only if it is specifically recommended by an athletic trainer or ordered by a physician.<sup>2</sup>

All patients shall be sent home with a head injury home care instructions sheet. The sheet summarizes this section to the parents as well as provides information for monitoring the patient. The sheet is included in this protocol, and it can be located in Appendix B.

The Illinois High School Association (IHSA) requires each institution to submit concussion reports monthly. These reports are used for data purposes only and will not disclose any personal information in order to protect a student-athlete's privacy. It will be the responsibility of the MHS athletic training staff to submit these reports to the IHSA every month. All reports will be submitted by the 1st of the following month.

## Indications for Physician Referral

Ultimately, the decision to seek physician evaluation for a concussion rests solely with the parent or legal guardian. The only exception to this statement is the management of a severe concussion, where the staff shall act upon the principle of implied consent. The MHS Athletic Training staff, otherwise, can only guide the parent or guardian with recommendations based on reported symptoms, physical findings, and patient history. The staff shall make a recommendation of either immediate or delayed referral. However, if the athlete intends to return to participation, and the sports medicine staff determines the presence of a concussion, the athlete must be treated by a physician MD/DO and given written clearance to return to play.

### Immediate Referral Indications

The following are evaluation findings that upon which the MHS Athletic Training staff will strongly advise that the athlete be seen that day by a physician or in an emergency department<sup>2</sup>:

- Loss of consciousness on field > 1 min
- Amnesia lasting > 30 min
- Deterioration of neurological function
- Decreasing level of consciousness
- Decrease or irregularity in respiration
- Decrease or irregularity in pulse
- Increase in blood pressure
- Unequal, dilated, or non-reactive pupils
- Cranial nerve deficits
- Vomiting
- Any signs of neck/skull trauma
- Evidence of seizure
- Motor deficits subsequent to initial examination
- sensory deficits subsequent to initial examination
- Balance deficits subsequent to initial examination
- New cranial nerve deficits
- Worsening post-concussive symptoms
- Appearance of new symptoms not in first examination
- Unusual personality/mood changes

### Delayed Referral Indications

It shall be the position of the MHS Athletic Training staff that any athlete still exhibiting signs and symptoms of a concussion 24 hours post injury *must* be seen by a physician in the following days and given written clearance from the same physician to safely return to play. Additionally, a physician shall always be consulted in the determination of ending a season as directed by the standards in the subsequent section "Return to Play Criteria."

Any appearance of immediate referral indicators in the days after the incident means that the athlete should be taken to the nearest emergency department. However, the other delayed referral indicators do not necessarily require emergent evaluation. Family physicians are certainly an option for referral, but they may or may not be very experienced in the management of concussions. The MHS team physician may see the athlete or the athletic training staff can help arrange evaluation with the clinicians of the Midwest Center for Concussion Care so as to provide access to local and high quality specialists.

The MHS athletic training staff strenuously insists that any individual referred to a physician for a concussion evaluation should be seen by an independent or team physician. This position is intended to



help protect all parties from ethical conflicts of interest. Only written clearance from an MD/DO is acceptable. Notes from a chiropractor or nurse practitioner are not authorized to return a student-athlete to play following a concussion. Once a student-athlete receives medical clearance from an MD/DO, the athlete cannot immediately return to practice/game situations. The medical clearance initiates the state-mandated Return-to-Play protocol which will be administered by the athletic training staff. MHS athletic training staff will have final say in the return of the athlete to competition.

## **Return to Learn Criteria**

In some instances, a physician may want a student-athlete to receive certain accommodations at school. The basis behind this is to allow the student-athlete to have full somatic rest or to place restrictions that exacerbate a student-athletes' symptoms. These may include but are not limited to: No school, shortened class periods, limits on number of assignments, etc. The physician will be the only individual to make these requests. All student-athletes suspected of a concussion will be sent home with a Return-To-Learn form (Appendix F). The Morton High School Nursing staff will ensure that any return-to-learn accommodations are followed.

## **Return to Play Criteria**

As discussed in the “Concussion Treatment” section of this protocol, the only existing treatment is rest. Concussions take time to heal, and returning to play too soon can either seriously hamper recovery or even prove dangerous for the athlete. Two concussions too close together, especially in young athletes, can result in the conditions called Post-Concussion Syndrome and Second Impact Syndrome. Post-Concussion Syndrome is when symptoms of a concussion continue to linger outside of the normal recovery window, usually in the presence of exertion, and may impact daily living. Although it is a rare complication, Second Impact Syndrome causes rapid swelling of the brain that is most often fatal<sup>1,2</sup>.

## **Disqualification Timetable**

It is with these considerations in mind that the athlete can only return to play once they have been cleared by a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches and when certain milestones and indicators are met. As mentioned in the “Immediate Field Management” section, a student-athlete ***will never*** be returned to practice or competition that day if a concussion is suspected unless asymptomatic and cleared by a physician or athletic trainer under the supervision of a physician.

## **Return to Play Algorithm**

MHS medical staff utilizes Standardized Assessment for Concussions (SAC, Appendix C) assessment tool and the Post-Concussion Symptom Scale (Appendix D), a self-report symptom assessment to help track the patient’s recovery during the appropriate aforementioned disqualification period. An assessment of the athlete’s signs and symptoms will be done on the first day the athlete returns to the athletic training room with the Post-Concussion Symptom Scale and each day thereafter. Once the athlete is asymptomatic at rest, a post-concussion SAC exam will be administered by athletic trainer. When the athlete has completed an exam that results in normative comparative findings, no neurological

symptoms persists, and show a baseline Post-Concussion Symptom Scale score, they shall be allowed to progressively work back to competition using the step-wise return to play protocol as long as the individual does not exhibit symptoms while at rest.

The IHSA Post-Concussion Consent Form will be dispensed to the parent/guardian to be signed prior to beginning the return to play protocol. This form acknowledges that the parent/guardian has been informed of the RTP protocol and consents to disclosure of information pertaining to the student-athletes injury so as to comply with Health Insurance Portability and Accountability Act (HIPAA).

B.R.A.I.N.-G. Graduated Return to Play (RTP) is a step-wise manner in which they must progress, and at least a 24 hour period must elapse before moving to the next stage. The athlete may not move on to the next stage unless they demonstrate acceptable ability at the current stage. Any recurrence of symptoms means that the sequence must be restarted. Throughout the course of the RTP protocol, Athletic Training staff will complete the RTP Verification Form (Appendix E) as the student-athlete progresses. The SAC assessment will also be used before and after the first inclusion of exertion in the return to play progression in order to check for subtle symptom recurrence. The stages of progression are as follows<sup>1</sup>:

### **B.R.A.I.N.-G Graduated Return to Play (RTP)**

		<b>Functional Exercise at each stage of RTP</b>	<b>Success goal of each stage</b>
<b>No Activity</b>		Relative physical and cognitive rest	Recovery (Symptom free at rest for 24 continuous hours)
<b>Bike</b>	Light Aerobic Exercise	Stationary cycling keeping heart rate <70% maximum predicted heart rate. No resistance training	Increase heart rate without the onset of symptoms.
<b>Run</b>	Heavier Aerobic exercise	Running >70% maximum predicted heart rate. Still no resistance training	Increase heart rate without the onset of symptoms.
<b>Agility</b>	Sport specific exercise	Resistance training may commence. Agility drills. Sports specific drills. (No heading) Drills with a rotation component	Add more advanced movements without the onset of symptoms
<b>In-Red</b>	Non-contact training drills	Progression to more complex training drills in a non-contact environment. Plyometrics, aggressive strengthening	Exercise, coordination, and cognitive load without symptoms
<b>No restrictions</b>	Full contact practice	Following medical clearance, participate in normal training and practice activities	Restore confidence and assess functional skills by coaching staff. Complete without symptoms

<b>Game play</b>	Return to game play	Normal Game Play
------------------	---------------------	------------------

## Certification and Endorsement

This protocol has been compiled to conform to the most recent evidence-based medical practice and the standards as set forth by my profession. The directives contained therein will be adhered to by myself or any other athletic trainer acting on my behalf. Any deviation for this protocol shall occur only upon written orders by a physician. This protocol will undergo an annual review, and it shall be revised as needed.

X \_\_\_\_\_ **Date:** \_\_\_\_\_  
Samantha Galicia, ATC  
Athletic Trainer  
J. Sterling Morton High School

X \_\_\_\_\_ **Date:** \_\_\_\_\_  
Deon Dobson, ATC  
Athletic Trainer  
J. Sterling Morton High School

X \_\_\_\_\_ **Date:** \_\_\_\_\_  
Anthony Cerda, ATC  
Athletic Trainer  
J. Sterling Morton High School

X \_\_\_\_\_ **Date:** \_\_\_\_\_  
Kristina Manasses, ATC  
Athletic Trainer  
J. Sterling Morton High School

I have reviewed this document, and I find it to be reasonable and medically sound. This standing medical order is to be used as the J Sterling Morton High School concussion recognition and management protocol. This order is to be followed by all licensed athletic trainers serving at J Sterling Morton High School. Deviation from this order can only be made with a written physician's order.

X \_\_\_\_\_ **Date:** \_\_\_\_\_  
Dr. Aaron Lee, D.O.  
Director of Sports Medicine Fellowship  
MacNeal Hospital  
Team Physician- J. Sterling Morton High School

## Appendix A- References

1. McCrory P, Meeuwisse W, Johnston K, et al. "Consensus Statement on Concussion in Sport: The 4<sup>th</sup> International Conference on Concussion in Sport Held in Zurich, November 2012." *Clin J Sport Med* 2013;23:89–117
2. Broglio Steven P, PhD, ATC; Cantu Robert C, MD, et al. "National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion." *Journal of Athletic Training*. 2014;49(2):245-265.
3. <http://ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx>
4. Holtsford S. "Head Trauma." *2009-2010 Southern Fox Valley EMS System Standard Operating Procedures*. March 2017:48.

Compiled by  
Brian C. Kosan, ATC, NREMT-P  
In consultation with  
Dr. Elizabeth Pieroth, Psy. D, ABPP-CN  
Neuropsychologist  
Midwest Center for Concussion Care

## **Appendix B- Home Care Instruction Sheet**



## Head Injury Home Care Instructions

Dear \_\_\_\_\_,

Your son/daughter injured their head during \_\_\_\_\_. A careful medical evaluation has been completed and no signs of serious complications were found. However, your child did demonstrate signs and symptoms suggestive of a concussion. It is expected that recovery should be rapid, but your child should be monitored for a period by a responsible adult. More serious brain injuries have symptoms that may not reveal themselves until hours or even a day after the initial incident. You should take your son/daughter to the emergency room immediately if any of the following occur:

Weakness in any extremity	Loss of consciousness
Vision disturbances	Seizures
Unequal pupil size	Vomiting
Unusual confusion or forgetfulness	Abnormal personality changes
Abnormally drowsy or difficult to awaken	Loss of coordination

In order to ensure the most rapid recovery for your child, they need to get plenty of rest (both physical and mental), drink plenty of water, and eat a healthy, balanced diet. They should not take any pain or anti-inflammatory medications within the first 48 hours. These medications may mask some of the above listed symptoms. Additionally, there is no need to wake your child every few hours during the night unless directed to do so by a physician. This practice can disrupt the much needed sleep required for recovery. Families should consider keeping their child home from school for 1 day to also promote mental rest.

Please remind your son/daughter to check-in with the Athletic Trainer during office hours on the day of their return. They will require a follow-up medical evaluation in order to track their recovery and to allow for the safest return to competition. Your child must bring a written form of clearance from their physician, MD/DO if it is determined they have sustained concussion. Your child will be evaluated and allowed to return to activity in a progressive manner as laid out in the *MHS Concussion Management Protocol* once a written note of clearance has been given to athletic training staff. This protocol is available for review in MHS Athletic Training Room upon request or by visiting Resources at <http://il.8to18.com/morton>

Please feel free to contact me at any time should you have any questions or concerns.

Certified Athletic Trainer

Date

Cell Phone Number

## **Appendix C-Sport Concussion Assessment (SCAT5)**



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**STEP 4: NEUROLOGICAL SCREEN**

Can the patient read aloud (e.g. symptoms checklist) and follow instructions without difficulty?	Y	N	<b>Balance Examination</b> <i>Modified Balance Error Scoring System (mBESS)</i> Which foot was tested? (i.e. which is the non-dominant foot)    ___ Right ___ Left Testing Surface (hard floor, field, etc.)  Footwear (shoes, barefoot, braces, tape, etc.)  <b>Condition</b> Double-leg Stance        ___ of 10 Single-leg Stance        ___ of 10 Tandem Stance            ___ of 10 <b>Total Errors</b> ___ of 30
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N	
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N	
Can the patient perform the finger nose coordination test normally?	Y	N	
Can the patient perform tandem gait normally?	Y	N	

**STEP 5: DELAYED RECALL**

Please record each word correctly recalled. Total score equals number of words recalled

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of words    \_\_\_ of 5            or    \_\_\_ of 10

**CLINICAL NOTES**

**STEP 6: DECISION**

<u>Domain</u>	<u>Date &amp; Time of Assessment</u>		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate Memory	___ of 15	___ of 15	___ of 15
	___ of 30	___ of 30	___ of 30
Concentration (of 5)			
Neuro exam	Normal	Normal	Normal
	Abnormal	Abnormal	Abnormal
Balance Errors (of 30)			
Delayed Recall	___ of 5	___ of 5	___ of 5
	___ of 10	___ of 10	___ of 10

Date and time of injury: \_\_\_\_\_

If the athlete is known to you prior to their injury, are they different from their usual self?  
 Yes    No    Unsure    Not Applicable  
*(If different, describe in clinical note section below)*

Concussion Suspected?  
 Yes    No    Unsure    Not Applicable

If re-testing, has the athlete improved?  
 Yes    No    Unsure    Not Applicable

**AT Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Phone:** \_\_\_\_\_

Athlete has been provided with concussion information sheet  
 Parent/guardian/athlete unwilling to comply with concussion protocol

## **Appendix D- Post-Concussion Symptom Scale**



## **Appendix E**

**Return to Play (RTP) Verification Form**

**Post-Concussion Consent Form**

Athlete Name: \_\_\_\_\_

ID#: \_\_\_\_\_

**Post-Concussion RTP Verification Form**

<b>Level</b>	<b>Activity</b>	<b>Completed (Date)</b>
<b>Rest</b>	Able to complete a whole day of school Has been asymptomatic for 24 consecutive hours	_____ _____
<b>Bike</b>	Aerobic exercise (eg stationary bike); 65% max heart rate Balance Exam (eg BESS) and dynamic balance exercise Occulomotor exam and optokinetic exposure	_____ _____ _____
<b>Run</b>	Treadmill/outdoor jogging, 60-80% max heart rate Progressive cognitive loading w/ exertion/balance/optokinetic	_____ _____
<b>Agility</b>	Sport Specific exercise Lifting, push-ups, sit-ups, Valsalva activities	_____ _____
<b>In Red</b>	Non-contact training/practice Dual/Tri- tasking activities	_____ _____
<b>No Restrictions</b>	Full contact practice after medical clearance  <ul style="list-style-type: none"> <li>• Medical Clearance received (Date): _____</li> </ul>	_____
<b>Game Play</b>	Return to Game Competition	_____

Notes:

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Athletic Trainer/Physical Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix F**  
**Return-To-Learn Verification Form**







# Return to Learn/Return to Play ATHLETICO

Dear Treating Physician,

Your patient \_\_\_\_\_ is a Morton student and was injured with symptoms indicating a possible concussion. The student has been given a SCAT. They will be given a post test once they are asymptomatic for 24 hours and are fully active cognitively.

History: \_\_\_\_\_  
\_\_\_\_\_

**Symptoms (1-6):**

Headache \_\_\_ Dizziness (eyes open) \_\_\_ Dizziness (eyes close) \_\_\_ Nausea \_\_\_ Fatigue \_\_\_ Irritable \_\_\_

Sensitivity-Light \_\_\_ Sensitivity-Sound \_\_\_ Confusion \_\_\_ Blurred Vision \_\_\_ Sleep Disturbances \_\_\_

Memory Loss (anterograde) \_\_\_ Memory Loss (retrograde) \_\_\_ Other \_\_\_\_\_

Loss of Consciousness (Yes / No)

**Diagnoses:**

Concussion     Head Trauma    Type: \_\_\_\_\_     No Injury

Step	Intensity	Cognitive Activity	Suggested Accommodations
1	No Activity No School	*limited electronics *rest *no homework or schoolwork	
2	Begin Accommodated School Days	*begin daily check in at nurse's office *reduced school day or rest in nurse's office as needed *all academic work done in 30 minute intervals *allow accommodations for symptoms	
3	Full day of school with Accommodations	*continue check in at nurse's office daily *allow accommodations for symptoms *attend all classes - rest in nurse's office if symptomatic *begin classwork, as symptoms permit *athletes will take the Post Injury SCAT	
4	Students return to Full cognitive activity	*full day of school *full classwork and resume Physical Education *athletes will complete the Return To Play protocol	

*Morton recognizes the impact of a concussion and supports full cognitive and physical rest.*

\*Athletes must check in with trainer daily when in attendance at school until full clearance is obtained.

Please check one:

Morton can progress with Return To Learn and Return To Play as symptoms dictate, but student must be evaluated by your office before full release (2<sup>nd</sup> Visit needed).

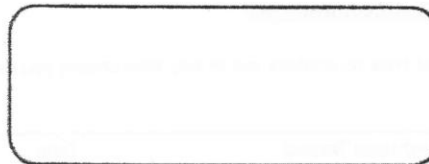
Once the Return To Learn and Return To Play protocols are completed your patient can be released to full cognitive and physical activity. (Athletic trainer will determine full Return to Play).

Contact Information and Signature:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Office Phone Number and Email Address

\_\_\_\_\_  
Medical Doctor Signature



Office Stamp

**Appendix G**  
**Post Concussion Consent Form**



Post-concussion Consent Form  
(RTP/RTL)



Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Year in School 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian/s Signature \_\_\_\_\_

**For School Use only**

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

**Cleared for RTL**

**Cleared for RTP**

Date \_\_\_\_\_

Date \_\_\_\_\_

## Main Gym-West

### ***First Responder:***

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS.

### ***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present), then notify security.
4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

***Directions:*** Morton West High School: 2400 Home Avenue, Berwyn, IL 60402

Instruct EMS to enter NORTH lot off Home and travel WEST to the Field House doors. ATC will send someone to meet ambulance at Field House doors.

### ***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on East wall of Main gym. Emergency equipment is located in the Athletic Training room; stadium training room in Fall/Spring, indoor training room in Winter. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## West Weight Room

### *First Responder:*

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS.

### *Activating EMS:*

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present), then notify security.
4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot off Home and travel WEST to Field House doors. ATC will send someone to meet ambulance at Field House doors.

### *Equipment Retrieval:*

Nearest AED (Automatic External Defibrillator) is located on EAST wall of the main gym. Emergency equipment is located in the Athletic Training room; stadium training room in Fall/Spring, field house training room in Winter.

**Spine board Procedures:** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## West Auxiliary Gym

### **First Responder:**

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS.

### **Activating EMS:**

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present), then notify security.
4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot off Home and travel WEST to Field House doors. ATC will send someone to meet ambulance at North double doors.

### **Equipment Retrieval:**

Nearest AED (Automatic External Defibrillator) is located on North wall next to equipment room. Emergency equipment is located in the Athletic Training room; stadium training room in Fall/Spring, indoor training room in Winter.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## West Field House

### ***First Responder:***

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS.

### ***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present), then notify security.
4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

***Directions:*** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot off Home and travel WEST to Field House doors.

### ***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on South wall of field house by Exit 20. Emergency equipment is located in the Athletic Training room; stadium training room in Fall/Spring, indoor training room in Winter. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## **West Pool**

### ***First Responder:***

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS.

### ***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present), then notify security.
4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS

***Directions:*** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402



Instruct EMS to enter NORTH lot off Home and travel WEST to Field House doors. ATC will send someone to meet ambulance at Northwest corner of double doors.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located in pool office. Emergency equipment is located in the Athletic Training room; stadium training room in Fall/Spring, field house training room in Winter. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## West Stadium/Track & Field

***First Responder:***

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS. After EMS is activated, Security will be called at (708) 528-2508 to open gate on North Side of Stadium.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present).
4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter lot NORTH of stadium on the East side of Harlem. ATC will send someone to meet ambulance at staff parking lot to direct EMS.

**Equipment Retrieval:**

Nearest AED (Automatic External Defibrillator) is located on west wall upon entering stadium through garage door. Emergency equipment is located in the stadium Athletic Training room. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## West Back Field (26<sup>th</sup> St)

**First Responder:**

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS. After EMS is activated, Security will be called at (708) 528-2508 to open gate near tennis courts.

**Activating EMS:**

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot on the west side of Home. Turn left (SOUTH) at drive between tennis courts and west side of building. ATC will send someone to meet ambulance in lot South of school.

**Equipment Retrieval:**

Nearest AED (Automatic External Defibrillator) is portable with ATC or in Stadium. Emergency equipment is located in the stadium Athletic Training room.

## West Freshman Soccer Field

**First Responder:**

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS. After EMS is activated, Security will be called at (708) 528-2508 to open gate near tennis courts.

**Activating EMS:**

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)

4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot on the west side of Home. Turn left (SOUTH) at drive between tennis courts and west side of building. ATC will send someone to meet ambulance in lot South of school

**Equipment Retrieval:** Nearest AED (Automatic External Defibrillator) is portable and with the ATC or in auxiliary gym. Emergency equipment is located in the stadium Athletic Training room. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## West Varsity Baseball Field

### **First Responder:**

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS. After EMS is activated, Security will be called at (708) 528-2508 to open gate near tennis courts.

### **Activating EMS:**

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)

4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot on the west side of Home. Turn left (SOUTH) at drive between tennis courts and west side of building. ATC will send someone to meet ambulance in lot South of school.

**Equipment Retrieval:**

Nearest AED (Automatic External Defibrillator) is portable with ATC or in stadium.. Emergency equipment is located in the stadium Athletic Training room.

## West Freshman Baseball Field

**First Responder:**

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS. After EMS is activated, Security will be called at (708) 528-2508 to open gate near tennis courts.

**Activating EMS:**

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so

3. Notify athletic training staff (if they are not present)

4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot on the west side of Home. Turn left (SOUTH) at drive between tennis courts and west side of building. ATC will send someone to meet ambulance in lot South of school.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is portable with ATC or in Auxillary Gym. Emergency equipment is located in the stadium Athletic Training Room.

## West Tennis Courts

***First Responder:***

Head/Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary. If emergency involves a coach, who is covering practice alone, the **team manager** will be responsible for activating EMS.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)

4. The **team captain** will be responsible for meeting EMS and directing them to the site. If the team captain is unavailable, someone else will be designated to meet EMS.

**Directions:** Morton West High School: 2400 Home Avenue, Berwyn IL, 60402

Instruct EMS to enter NORTH lot off Home and travel WEST. Turn left (SOUTH) at drive between tennis courts and west side of building. ATC will send someone to meet ambulance on East side of courts.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on South wall of field house near Exit 20. Emergency equipment is located in the Athletic Training room; stadium training room in Fall/Spring, indoor training room in Winter.

## East Main Gym

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking between buildings. ATC will send someone to meet ambulance at first set of double doors on east side at A-1 entrance.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on EAST wall of main gym. Emergency equipment is located in the Athletic Training room.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## East Auxiliary Gym

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident



***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking lot between softball fields and East side of building. ATC will send someone to meet ambulance at double doors labeled A-5.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on EAST wall of Auxiliary gym. Emergency equipment is located in the Athletic Training room. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## East Field house

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking lot between softball fields and East side of building. ATC will send someone to meet ambulance at nearest double doors on East side of building.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on SOUTH wall of field house. Emergency equipment is located in the Athletic Training room.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## Gymnastics

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to arrive at Exit 3 off Austin Blvd. Send someone to meet ambulance at Exit 3 on the west side of building on Austin Blvd.

Nearest AED (Automatic External Defibrillator) is located at the Greeter's desk on the 1<sup>st</sup> floor. Emergency equipment is located in the Athletic Training room.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## East Balcony Gym

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking between buildings. ATC will send someone to meet ambulance at first set of double doors on east side at A-1 entrance.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on WEST wall of balcony gym. Emergency equipment is located in the Athletic Training room.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## East Varsity Wrestling Gym

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking between buildings. ATC will send someone to meet ambulance at double doors at Exit 12.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located at the Greeter's desk on the 1<sup>st</sup> floor. Emergency equipment is located in the Athletic Training room.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## East Pool

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking lot between softball fields and East side of building. ATC will send someone to meet ambulance at double doors labeled A-5.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on EAST wall of pool. Emergency equipment is located in the Athletic Training room. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## East Weight Room

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking lot between softball fields and East side of building. ATC will send someone to meet ambulance at double doors labeled A-5.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located on WEST wall of weight room. Emergency equipment is located in the Athletic Training room. Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## **East Varsity Softball Field**

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking lot between softball fields and East side of building. ATC will send someone to meet ambulance in parking lot and direct to individual.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located in the Auxiliary gym. Emergency equipment is located in the Athletic Training room.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## East JV Softball Field

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident



***Directions:***

Morton East High School: 2423 S. Austin Blvd, Cicero

Instruct EMS to turn right (SOUTH) off 24<sup>th</sup> to parking lot between softball fields and East side of building. ATC will send someone to meet ambulance in parking lot and direct to individual.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located in the Main gym on the East wall. Emergency equipment is located in the Athletic Training room.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## Freshman Center Field

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton Freshman Center: 1801 S 55<sup>th</sup> Ave, Cicero, IL, 60804

Instruct EMS to pull up alongside field on 54<sup>th</sup> Street.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located in the Main gym on the NorthEast wall. Portable AED also will be accessible to ATC.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

## Freshman Center Main Gym

***First Responder:***

Head or Assistant coach – assess scene calmly and quickly. Send for Athletic Trainer or call on cell. Check airway, breathing and circulation. If certified, administer CPR if necessary.

***Activating EMS:***

1. Call 9-1-1 from a cell phone
2. Identify yourself, tell the dispatcher you need an ambulance and
  - Provide name, address and telephone number
  - Number of individuals injured
  - Condition of the injured
  - First Aid treatment, what is being provided and by whom
  - Location of incident and specific directions
  - DO NOT hang up until directed to do so
3. Notify athletic training staff (if they are not present)
4. Designate someone to meet EMS and direct them to site of incident

***Directions:***

Morton Freshman Center: 1801 S 55<sup>th</sup> Ave, Cicero, IL, 60804

Instruct EMS to pull up to campus on 54<sup>th</sup> street. Have someone wait at the south doors of the Gym to direct EMS.

***Equipment Retrieval:***

Nearest AED (Automatic External Defibrillator) is located in the Main gym on the NorthEast wall. Potable AED accessible to ATC.

***Spine board Procedures:*** Athletic training staff will wait to spine board an athlete and will stabilize individual until EMS arrives.

# **Morton Girls Rugby Club (MGRC)**

## **EMERGENCY ACTION PLAN**

***AMBULANCE:*** Dial 9-1-1

***POLICE:*** Dial 9-1-1

***ADDRESS LOCATIONS TO PROVIDE TO EMERGENCY SERVICES:***

Morton Girls Rugby

**Home Game field**

Morton West High School

2400 Home Ave

Berwyn, Il 60402

**Outdoor Practice Locations**

Morton West High School

2400 Home Ave

Berwyn, Il 60402

***CERTIFIED ATHLETIC TRAINER FOR HOME MATCHES***

Provided by Athletico

West: Anthony Cerda

**Preferred Hospital for home matches and training sessions:**

Loyola MacNeal Hospital

3249 S. Oak Park Ave.

Berwyn, Illinois 60402

From Morton West take Harlem Avenue south to 35th street. Go east on 35th street to Oak Park Avenue. Take Oak Park Avenue north to hospital

## ***MEDICAL & EMERGENCY EVENT PLAN***

### Participant Medical:

- For home matches, no match will start without qualifying medical in attendance and whose sole responsibility shall be to attend to the medical needs of all participants in accordance with Rugby Illinois Policy.
- Coaches will maintain a copy of MGRC Emergency Binder which contains emergency contact information for at least one parent or guardian for each player.
- A printed, hard copy roster with emergency contact information will also be maintained on the sideline in the head coach's clipboard.
- In the event of a player emergency without a parent/guardian present, the head coach, or an assistant coach shall call that player's emergency contact and make all reasonable effort to complete that contact. This will be after first calling 9-1-1 as the situation may warrant and as instructed by qualifying medical personnel.
- If a player must be transported to the hospital emergency room prior to parent arrival, a coach or club administrator will travel with the player.
- The order of authority for any medical emergency shall be the qualifying medical personnel, then head coach, or acting head coach.

### For training sessions:

- All coaches have, at minimum, been certified in First Aid in Rugby (FAIR); in addition to Cardiac Arrest; Heat Exhaustion; and Concussion recognition through World Rugby certifications and will initiate protocols as defined by this training
- All coaches have completed USAR L200 or World Rugby Level 1
- A baseline medical kit will be at all training sessions to address minor injuries. ● At least one L200 (or equivalent) certified coach will be present at all training sessions where contact drills take place.

### Other Emergency or Urgent Situations

- For emergencies requiring police presence, call 9-1-1 and advise of location per above addresses and facility description.

### Severe Weather:

- Our athletic trainer has a lightning detection system and even if no violent weather is in the immediate vicinity the lightning protocol must be adhered to as follows:

- ALL participants must leave open playing field areas and seek immediate shelter in personal vehicles.
- NO participants are permitted to return to any open field areas until the athletic trainer has given the all clear (no lightning detected in 30 minutes). The detection system supersedes RIL policy on this point.
- For outdoor training sessions, we will abide by the athletic trainers notification of lightning.
  - All participants shall seek shelter in personal vehicles or buildings until the athletic trainer provides the all clear (30 minutes with no visible lightning) or the coach cancels practice.
- If a match or practice is canceled, a notification shall be sent via email and at least two coaches will remain until all players have been picked up.